

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2005 TO 12/31/2005

Florida Public Service Commission
(See Filing Instructions on Back of Form)

TF307-05-0-R
Inam U. Khan
830 N.E. 182nd Street
North Miami Beach, FL 33162-1148

Request for cancellation-Isler

552. April 05. 2005
Mailing Address Has Changed

ORIGINAL

FOR PSC USE ONLY
Check# 288
\$ 50.00 06-03-001
003001
\$ _____ P 06-03-001
004011
\$ _____ I
Postmark Date 328.05
Initials of Preparer RT

(Name of Company)

(Address)

(City/State)

(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ <u>0</u>
2.	Gross Intrastate Revenue	<u>0</u>
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	<u>()</u>
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ <u>0</u>
5.	Regulatory Assessment Fee Due -- (Multiply Line 4 by 0.0015)	<u>0</u>
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>0</u>
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>0</u>
8.	TOTAL AMOUNT DUE	\$ <u>50.00</u>
MMS	AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50	
RCA	THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED	
9.	Number of pay telephones in operation at close of period covered by this Return	<u>0</u>
OTH		

* These amounts must be intrastate only and must be verifiable.

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

(Signature of Company Official)

(Title)

(Date)

Telephone Number 305 655 2216 Fax Number ()

(Preparer of Form - Please Print Name)

F.E.I. No. _____

DOCUMENT NUMBER-DATE

03348 APR-5 05